FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

ADDRESS (number and street) ▼

1 M STREET SE

SUITE 275

☐ Check if different than previously reported. (ACC)

WASHINGTON | DC | 20003 –

CITY ▲ | STATE ▲ | ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00677492

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT: FL 20

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☒ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
☐ Convention (12C) ☐ Special (12S)

Election on M M / D D / Y Y Y Y in the State of

(c) 30-Day **POST**-Election Report for the:

☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2025 through 09 / 30 / 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer: Broz, Randall, , ,

Signature of Treasurer: *Broz, Randall, , ,* Date: 10 / 15 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only							

Image# 202510159791452251

SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 03/2016)

Write or Type Committee Name

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Report Covering the Period: From: 07/01/2025 To: 09/30/2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	68036.00	226218.88
(b) Total Contribution Refunds (from Line 20(d))	500.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	67536.00	225718.88
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	50402.27	105256.81
(b) Total Offsets to Operating Expenditures (from Line 14)	528.00	1944.01
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	49874.27	103312.80
8. Cash on Hand at Close of Reporting Period (from Line 27)	123918.10	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	4321427.46	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

Image# 202510159791452252

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Report Covering the Period: From: 07/01/2025 To: 09/30/2025

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	47175.00	152975.00
(ii) Unitemized	1361.00	2743.88
(iii) TOTAL of contributions from individuals ▶	48536.00	155718.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	19500.00	70500.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	68036.00	226218.88
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	1254.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	1254.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	528.00	1944.01
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	68564.00	229416.89

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3** (Revised 05/2016)

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	50402.27	105256.81
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	5800.00	40100.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	5800.00	40100.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	500.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	500.00	500.00
21. OTHER DISBURSEMENTS	1450.00	4350.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	58152.27	150206.81

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	113506.37
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	68564.00
25. SUBTOTAL (add Line 23 and Line 24)	182070.37
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	58152.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	123918.10

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Andre, Valentin, J., Dr.,
Mailing Address 1995 NW 162nd Ave
City: Pembroke Pines | State: FL | Zip Code: 33028
FEC ID number of contributing federal political committee: C
Name of Employer: Doctors Medical Center
Occupation: Doctor
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 06 / 2025
Transaction ID : SA11AI.13431
Amount of Each Receipt this Period: 250.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Beliard, Tamara, , ,
Mailing Address 2515 SW 105 Terrace
City: Davie | State: FL | Zip Code: 33324
FEC ID number of contributing federal political committee: C
Name of Employer: Caribbean Port Management
Occupation: Accountant
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 07 / 31 / 2025
Transaction ID : SA11AI.13465
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 35288.45

Date of Receipt: 07 / 31 / 2025
Transaction ID : SA11AI.13465.0
Amount of Each Receipt this Period: 1000.00
☒ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Benson, D'Rene, , ,
Mailing Address 4392 SW 130th Ave
City: Davie | State: FL | Zip Code: 33330
FEC ID number of contributing federal political committee: C
Name of Employer: Johnson & Johnson
Occupation: Sales Manager
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 06 / 2025
Transaction ID : SA11AI.13441
Amount of Each Receipt this Period: 250.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Benson, Hayward, J., , Jr.
Mailing Address 4392 SW 130 Ave
City: Davie | State: FL | Zip Code: 33330
FEC ID number of contributing federal political committee: C
Name of Employer: None
Occupation: Not Employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 06 / 2025
Transaction ID : SA11AI.13433
Amount of Each Receipt this Period: 250.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Bernadel, Joseph, , ,
Mailing Address 2601 S Military Trail Ste 13
City: West Palm Beach | State: FL | Zip Code: 33415
FEC ID number of contributing federal political committee: C
Name of Employer: None
Occupation: Not Employed
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 06 / 2025
Transaction ID : SA11AI.13439
Amount of Each Receipt this Period: 250.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Bernard, Peter, H., ,
Mailing Address 14880 SW 45th Court
City: Miramar | State: FL | Zip Code: 33027
FEC ID number of contributing federal political committee: C
Name of Employer: Law Offices of Bernard & Yam
Occupation: Attorney
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 06 / 2025
Transaction ID : SA11AI.13419
Amount of Each Receipt this Period: 500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Cadet, Leslie, , ,
Mailing Address 411 NW 101st Ave
City: Coral Springs | State: LA | Zip Code: 33071
FEC ID number of contributing federal political committee: C
Name of Employer: None
Occupation: Retired
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 03 / 2025
Transaction ID : SA11AI.13478
Amount of Each Receipt this Period: 250.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 39288.45

Date of Receipt: 08 / 03 / 2025
Transaction ID : SA11AI.13478.0
Amount of Each Receipt this Period: 250.00
☒ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial): Cherfrere, Sandra, , ,
Mailing Address 3260 SW 17th Ave
City: Miramar | State: FL | Zip Code: 33029
FEC ID number of contributing federal political committee: C
Name of Employer: Cherfrere Law Group PA
Occupation: Attorney
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 21 / 2025
Transaction ID : SA11AI.13497
Amount of Each Receipt this Period: 250.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 48513.45

Date of Receipt: 08 / 21 / 2025
Transaction ID : SA11AI.13497.0
Amount of Each Receipt this Period: 250.00
☒ Memo Item

C.
Full Name (Last, First, Middle Initial): Chraibi, Salim, , ,
Mailing Address 661 NE 53rd St
City: Miami | State: FL | Zip Code: 33137
FEC ID number of contributing federal political committee: C
Name of Employer: Bluenest Development
Occupation: CEO
Receipt For: 2022
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2900.00

Date of Receipt: 07 / 29 / 2025
Transaction ID : SA11AI.13400
Amount of Each Receipt this Period: 2900.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3150.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial): Chraibi, Salim, , ,
Mailing Address 661 NE 53rd St
City: Miami | State: FL | Zip Code: 33137
FEC ID number of contributing federal political committee: C
Name of Employer: Bluenest Development | Occupation: CEO
Receipt For: 2022 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 5800.00
Date of Receipt: 07 / 29 / 2025
Transaction ID : SA11AI.13402
Amount of Each Receipt this Period: 2900.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): Chraibi, Salim, , ,
Mailing Address 661 NE 53rd St
City: Miami | State: FL | Zip Code: 33137
FEC ID number of contributing federal political committee: C
Name of Employer: Bluenest Development | Occupation: CEO
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 9300.00
Date of Receipt: 07 / 29 / 2025
Transaction ID : SA11AI.13404
Amount of Each Receipt this Period: 3500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): Chraibi, Salim, , ,
Mailing Address 661 NE 53rd St
City: Miami | State: FL | Zip Code: 33137
FEC ID number of contributing federal political committee: C
Name of Employer: Bluenest Development | Occupation: CEO
Receipt For: 2026 ☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 12800.00
Date of Receipt: 07 / 29 / 2025
Transaction ID : SA11AI.13405
Amount of Each Receipt this Period: 3500.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 9900.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Cohen, Michel, , ,
Mailing Address 1555 Presidental Way
City: Miami | State: FL | Zip Code: 33179
FEC ID number of contributing federal political committee: C
Name of Employer: Osmium LLC
Occupation: Director
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 08 / 20 / 2025
Transaction ID : SA11AI.13566
Amount of Each Receipt this Period: 250.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE
Mailing Address 251 H ST NW
City: WASHINGTON | State: DC | Zip Code: 20001
FEC ID number of contributing federal political committee: C C00797670
Name of Employer:
Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 53771.43
Date of Receipt: 08 / 20 / 2025
Transaction ID : SA11AI.13566.0
Amount of Each Receipt this Period: 250.00
☒ Memo Item

C.
Full Name (Last, First, Middle Initial)
Drice, Jenny, , , MD
Mailing Address 1933 NW 168 Ave
City: Pembroke Pines | State: FL | Zip Code: 33028
FEC ID number of contributing federal political committee: C
Name of Employer: None
Occupation: Not Employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 08 / 01 / 2025
Transaction ID : SA11AI.13467
Amount of Each Receipt this Period: 250.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 35538.45

Date of Receipt: 08 / 01 / 2025
Transaction ID : SA11AI.13467.0
Amount of Each Receipt this Period: 250.00
☒ Memo Item

B.
Full Name (Last, First, Middle Initial)
Fanjul, Alfonso, , ,
Mailing Address 1 North Clematis Street, #200
City: West Palm Beach | State: FL | Zip Code: 33401
FEC ID number of contributing federal political committee: C
Name of Employer: Florida Crystals
Occupation: Executive
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 08 / 12 / 2025
Transaction ID : SA11AI.13492
Amount of Each Receipt this Period: 2000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 46013.45

Date of Receipt: 08 / 12 / 2025
Transaction ID : SA11AI.13492.0
Amount of Each Receipt this Period: 2000.00
☒ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Fanjul, Andres, , ,
Mailing Address 109 Wells Road
City: Palm Beach | State: FL | Zip Code: 33480
FEC ID number of contributing federal political committee: C
Name of Employer: Florida Crystals
Occupation: Executive
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2000.00

Date of Receipt: 08 / 12 / 2025
Transaction ID : SA11AI.13494
Amount of Each Receipt this Period: 2000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 48013.45

Date of Receipt: 08 / 12 / 2025
Transaction ID : SA11AI.13494.0
Amount of Each Receipt this Period: 2000.00
☒ Memo Item

C.
Full Name (Last, First, Middle Initial)
Gassant, Pedro, , ,
Mailing Address 20609 NW 14th Place
City: Miami Gardens | State: FL | Zip Code: 33169
FEC ID number of contributing federal political committee: C
Name of Employer: SANKOFA REALTY LLC
Occupation: Real Estate Broker / Sales Associate
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 3500.00

Date of Receipt: 07 / 20 / 2025
Transaction ID : SA11AI.13458
Amount of Each Receipt this Period: 3500.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 30708.45

Date of Receipt: 07 / 20 / 2025
Transaction ID : SA11AI.13458.0
Amount of Each Receipt this Period: 3500.00
☒ Memo Item

B.
Full Name (Last, First, Middle Initial)
Gedeon, Nadine, , ,
Mailing Address 4836 NW 91st Terrace
City: Ft Lauderdale | State: FL | Zip Code: 33351
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Attorney
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 02 / 2025
Transaction ID : SA11AI.13475
Amount of Each Receipt this Period: 500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 38038.45

Date of Receipt: 08 / 02 / 2025
Transaction ID : SA11AI.13475.0
Amount of Each Receipt this Period: 500.00
☒ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Guerin, Elizabeth, , ,
Mailing Address 17814 SW 47th St
City: Miramar | State: FL | Zip Code: 33029
FEC ID number of contributing federal political committee: C
Name of Employer: Imaginart Media Productions
Occupation: President
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 08 / 02 / 2025
Transaction ID : SA11AI.13477
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 39038.45

Date of Receipt: 08 / 02 / 2025
Transaction ID : SA11AI.13477.0
Amount of Each Receipt this Period: 1000.00
☒ Memo Item

C.
Full Name (Last, First, Middle Initial)
Hermantin, Leonie, , ,
Mailing Address 6321 SW 63rd Terrace
City: Miami | State: FL | Zip Code: 33143
FEC ID number of contributing federal political committee: C
Name of Employer: Lambi Fund of Haiti
Occupation: Deputy Director
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 02 / 2025
Transaction ID : SA11AI.13474
Amount of Each Receipt this Period: 500.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

TOTAL This Period (last page this line number only) ▶

Image# 202510159791452264

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 37538.45

Date of Receipt: 08 / 02 / 2025
Transaction ID : SA11AI.13474.0
Amount of Each Receipt this Period: 500.00
☒ Memo Item

B.
Full Name (Last, First, Middle Initial)
Ketant, Eurica, , ,
Mailing Address 17220 NW 64 Ave 204
City: Hialeah | State: FL | Zip Code: 33014
FEC ID number of contributing federal political committee: C
Name of Employer: Miami Dade County
Occupation: Disability Specialist
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 01 / 2025
Transaction ID : SA11AI.13469
Amount of Each Receipt this Period: 250.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 35788.45

Date of Receipt: 08 / 01 / 2025
Transaction ID : SA11AI.13469.0
Amount of Each Receipt this Period: 250.00
☒ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Labrousse, Joseph, E., ,
Mailing Address 623 SW 2nd Terrace
City: Pompano Beach | State: FL | Zip Code: 33060
FEC ID number of contributing federal political committee: C
Name of Employer: Miami Dade County
Occupation: Sr Systems Analyst
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 300.00

Date of Receipt: 08 / 06 / 2025
Transaction ID : SA11AI.13437
Amount of Each Receipt this Period: 300.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Laroche, Edna, , ,
Mailing Address 1559 Plunkett St
City: Hollywood | State: FL | Zip Code: 33020
FEC ID number of contributing federal political committee: C
Name of Employer: City of Miramar
Occupation: Legislative Aide
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 15 / 2025
Transaction ID : SA11AI.13495
Amount of Each Receipt this Period: 250.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 48263.45

Date of Receipt: 08 / 15 / 2025
Transaction ID : SA11AI.13495.0
Amount of Each Receipt this Period: 250.00
☒ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial): Louissaint, Nadine, , ,
Mailing Address 16280 NW 17th St
City: Pembroke Pines | State: FL | Zip Code: 33028
FEC ID number of contributing federal political committee: C
Name of Employer: Broward Health
Occupation: Family Nurse Practitioner
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 06 / 2025
Transaction ID : SA11AI.13435
Amount of Each Receipt this Period: 500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): Lozama, Queen Marjorie, , ,
Mailing Address 1940 SW 129 Terrace
City: Miramar | State: FL | Zip Code: 33027
FEC ID number of contributing federal political committee: C
Name of Employer: Empower
Occupation: Nurse Practitioner
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 06 / 2025
Transaction ID : SA11AI.13486
Amount of Each Receipt this Period: 500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 40263.45

Date of Receipt: 08 / 06 / 2025
Transaction ID : SA11AI.13486.0
Amount of Each Receipt this Period: 500.00
☒ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶

Image# 202510159791452267

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Martin, Patrick, , ,
Mailing Address 5901 SW 46th St
City: Miami | State: FL | Zip Code: 33155
FEC ID number of contributing federal political committee: C
Name of Employer: Ogletree Deakins
Occupation: Shareholder
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 06 / 2025
Transaction ID : SA11AI.13417
Amount of Each Receipt this Period: 250.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Metellus, Gepsie, , ,
Mailing Address 515 NE 107 Street
City: Miami | State: FL | Zip Code: 33161
FEC ID number of contributing federal political committee: C
Name of Employer: Haitian Neighborhood Center
Occupation: Executive Director
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 06 / 2025
Transaction ID : SA11AI.13416
Amount of Each Receipt this Period: 500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Moise, Rudolph, , ,
Mailing Address 12947 Equestrian Trl
City: Davie | State: FL | Zip Code: 33330
FEC ID number of contributing federal political committee: C
Name of Employer: Comprehensive Health Center
Occupation: Doctor
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 08 / 01 / 2025
Transaction ID : SA11AI.13471
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1750.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 36788.45

Date of Receipt: 08 / 01 / 2025
Transaction ID : SA11AI.13471.0
Amount of Each Receipt this Period: 1000.00
☒ Memo Item

B.
Full Name (Last, First, Middle Initial)
Monestime, Jean, , ,
Mailing Address 13325 NW 11 Ave
City: Miami | State: FL | Zip Code: 33168
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Consultant
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 08 / 04 / 2025
Transaction ID : SA11AI.13480
Amount of Each Receipt this Period: 250.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 39538.45

Date of Receipt: 08 / 04 / 2025
Transaction ID : SA11AI.13480.0
Amount of Each Receipt this Period: 250.00
☒ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Pamies, Michelle, , ,
Mailing Address 19355 Turnberry Way 17K
City: Aventura | State: FL | Zip Code: 33180
FEC ID number of contributing federal political committee: C
Name of Employer: Austin Pamies Norris Weeks
Occupation: Attorney
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 07 / 29 / 2025
Transaction ID : SA11AI.13464
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 34288.45

Date of Receipt: 07 / 29 / 2025
Transaction ID : SA11AI.13464.0
Amount of Each Receipt this Period: 1000.00
☒ Memo Item

C.
Full Name (Last, First, Middle Initial)
Paul, Marc, , ,
Mailing Address 153 NW 96 St
City: Miami Shores | State: FL | Zip Code: 33150
FEC ID number of contributing federal political committee: C
Name of Employer: None
Occupation: Retired
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 06 / 2025
Transaction ID : SA11AI.13414
Amount of Each Receipt this Period: 500.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial): Paul, Nina, , ,
Mailing Address 10605 Deerfield Rd
City: Cincinatti | State: OH | Zip Code: 45242
FEC ID number of contributing federal political committee: C
Name of Employer: None
Occupation: Retired
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 09 / 03 / 2025
Transaction ID : SA11AI.13571
Amount of Each Receipt this Period: 250.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE
Mailing Address 251 H ST NW
City: WASHINGTON | State: DC | Zip Code: 20001
FEC ID number of contributing federal political committee: C C00797670
Name of Employer:
Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 54031.43
Date of Receipt: 09 / 03 / 2025
Transaction ID : SA11AI.13571.0
Amount of Each Receipt this Period: 250.00
☒ Memo Item

C.
Full Name (Last, First, Middle Initial): Petion, Fesner, , ,
Mailing Address 3099 Lake Ridge Lane
City: Weston | State: FL | Zip Code: 33332
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: Attorney
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2500.00
Date of Receipt: 08 / 07 / 2025
Transaction ID : SA11AI.13490
Amount of Each Receipt this Period: 2500.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2750.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 44013.45

Date of Receipt: 08 / 07 / 2025
Transaction ID : SA11AI.13490.0
Amount of Each Receipt this Period: 2500.00
☒ Memo Item

B.
Full Name (Last, First, Middle Initial)
Richards, Heidi, , ,
Mailing Address 8690 SW 16th Ct
City: Hollywood | State: FL | Zip Code: 33025
FEC ID number of contributing federal political committee: C
Name of Employer: The Southern Group
Occupation: Lobbyist
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 07 / 10 / 2025
Transaction ID : SA11AI.13456
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 27208.45

Date of Receipt: 07 / 10 / 2025
Transaction ID : SA11AI.13456.0
Amount of Each Receipt this Period: 1000.00
☒ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Rivas, Herman, , ,
Mailing Address 3601 NW 20th St
City: Miami | State: FL | Zip Code: 33142
FEC ID number of contributing federal political committee: C
Name of Employer: Self
Occupation: CPA
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 08 / 06 / 2025
Transaction ID : SA11AI.13408
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Salvant, Carl, , ,
Mailing Address 13074 NW 13th St
City: Pembroke Pines | State: FL | Zip Code: 33028
FEC ID number of contributing federal political committee: C
Name of Employer: Salvant Technologies, Inc.
Occupation: CEO
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 06 / 2025
Transaction ID : SA11AI.13406
Amount of Each Receipt this Period: 500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Simon, Brian, , ,
Mailing Address 192 Lexington Avenue Suite 902
City: Manhattan | State: NY | Zip Code: 10016
FEC ID number of contributing federal political committee: C
Name of Employer: Hollis Public Affairs
Occupation: Government Affairs
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 3500.00

Date of Receipt: 09 / 25 / 2025
Transaction ID : SA11AI.13510
Amount of Each Receipt this Period: 3500.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 54630.45

Date of Receipt: 09 / 25 / 2025
Transaction ID : SA11AI.13510.0
Amount of Each Receipt this Period: 3500.00
☒ Memo Item

B.
Full Name (Last, First, Middle Initial)
Simon, Brian, , ,
Mailing Address 192 Lexington Avenue Suite 902
City: Manhattan | State: NY | Zip Code: 10016
FEC ID number of contributing federal political committee: C
Name of Employer: Hollis Public Affairs
Occupation: Government Affairs
Receipt For: 2026
☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 7000.00

Date of Receipt: 09 / 25 / 2025
Transaction ID : SA11AI.13512
Amount of Each Receipt this Period: 3500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☐ Primary ☒ General ☐ Other (specify)
Election Cycle-to-Date: 58130.45

Date of Receipt: 09 / 25 / 2025
Transaction ID : SA11AI.13512.0
Amount of Each Receipt this Period: 3500.00
☒ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial): Simon, Dina, , ,
Mailing Address 77 8th Avenue
City: Huntington Station | State: NY | Zip Code: 11746
FEC ID number of contributing federal political committee: C
Name of Employer: NYC | Occupation: Chief of Stagg
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 225.00
Date of Receipt: 07 / 23 / 2025
Transaction ID : SA11AI.13461
Amount of Each Receipt this Period: 25.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer: | Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 33233.45
Date of Receipt: 07 / 23 / 2025
Transaction ID : SA11AI.13461.0
Amount of Each Receipt this Period: 25.00
☒ Memo Item

C.
Full Name (Last, First, Middle Initial): Simon, Dina, , ,
Mailing Address 77 8th Avenue
City: Huntington Station | State: NY | Zip Code: 11746
FEC ID number of contributing federal political committee: C
Name of Employer: NYC | Occupation: Chief of Stagg
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00
Date of Receipt: 08 / 23 / 2025
Transaction ID : SA11AI.13499
Amount of Each Receipt this Period: 25.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 50.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 48538.45

Date of Receipt: 08 / 23 / 2025
Transaction ID : SA11AI.13499.0
Amount of Each Receipt this Period: 25.00
☒ Memo Item

B.
Full Name (Last, First, Middle Initial)
Simon, Dina, , ,
Mailing Address 77 8th Avenue
City: Huntington Station | State: NY | Zip Code: 11746
FEC ID number of contributing federal political committee: C
Name of Employer: NYC
Occupation: Chief of Stagg
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 275.00

Date of Receipt: 09 / 25 / 2025
Transaction ID : SA11AI.13509
Amount of Each Receipt this Period: 25.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 51130.45

Date of Receipt: 09 / 25 / 2025
Transaction ID : SA11AI.13509.0
Amount of Each Receipt this Period: 25.00
☒ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 25.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial): Stiefel, Barbara, , ,
Mailing Address P.O. Box 141128
City: Coral Gables | State: FL | Zip Code: 33114
FEC ID number of contributing federal political committee: C
Name of Employer: None
Occupation: Not Employed
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2500.00
Date of Receipt: 07 / 21 / 2025
Transaction ID : SA11AI.13459
Amount of Each Receipt this Period: 2500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer:
Occupation:
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 33208.45
Date of Receipt: 07 / 21 / 2025
Transaction ID : SA11AI.13459.0
Amount of Each Receipt this Period: 2500.00
☒ Memo Item

C.
Full Name (Last, First, Middle Initial): Surin, Ronald, , ,
Mailing Address 5575 SW 198th Terrace
City: Southwest Ranches | State: FL | Zip Code: 33332
FEC ID number of contributing federal political committee: C
Name of Employer: Champagne and Surin
Occupation: Attorney
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1250.00
Date of Receipt: 08 / 07 / 2025
Transaction ID : SA11AI.13488
Amount of Each Receipt this Period: 1250.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3750.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer | Occupation
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 41513.45

Date of Receipt: 08 / 07 / 2025
Transaction ID : SA11AI.13488.0
Amount of Each Receipt this Period: 1250.00
☒ Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For:
☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For:
☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 47175.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
AMERICA'S CREDIT UNIONS PAC OF CREDIT UNION NATIONAL ASSOCIATION, INC.
Mailing Address 99 M ST, SE
SUITE 300
City: WASHINGTON | State: DC | Zip Code: 20003
FEC ID number of contributing federal political committee: C C00007880
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 09 / 30 / 2025
Transaction ID : SA11C.13453
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
AMERICAN FEDERATION OF GOVT. EMPL. POLITICAL ACTION COMMITTEE
Mailing Address 80 F STREET, NW
City: WASHINGTON | State: DC | Zip Code: 20001
FEC ID number of contributing federal political committee: C C00009936
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2500.00
Date of Receipt: 09 / 30 / 2025
Transaction ID : SA11C.13454
Amount of Each Receipt this Period: 1500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE
Mailing Address 1505 PRINCE STREET
SUITE 300
City: ALEXANDRIA | State: VA | Zip Code: 22314
FEC ID number of contributing federal political committee: C C00024968
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 5000.00
Date of Receipt: 09 / 30 / 2025
Transaction ID : SA11C.13455
Amount of Each Receipt this Period: 2500.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
AMERICANS FOR RESPONSIBLE INNOVATION LTD. POLITICAL ACTION COMMITTEE (ARI PAC)
Mailing Address 2001 Pennsylvania Ave NW
Ste 520
City: Washington | State: DC | Zip Code: 20006
FEC ID number of contributing federal political committee: C C00893883
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11C.13450
Amount of Each Receipt this Period: 2500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
AMERICAN SUGARBEET GROWERS ASSOCIATION PAC
Mailing Address 1155 15TH STREET NW
SUITE 1100
City: WASHINGTON | State: DC | Zip Code: 20005
FEC ID number of contributing federal political committee: C C00167684
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 07 / 16 / 2025
Transaction ID : SA11C.13445
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
AMERICAN SUGAR CANE LEAGUE OF USA INC POLITICAL ACTION COMMITTEE
Mailing Address P. O. DRAWER 938
City: THIBODAUX | State: LA | Zip Code: 70302
FEC ID number of contributing federal political committee: C C00081414
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 07 / 08 / 2025
Transaction ID : SA11C.13444
Amount of Each Receipt this Period: 3000.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 6500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
ANIMAL WELLNESS ACTION PAC
Mailing Address 611 PENNSYLVANIA AVE., SE
#136
City: WASHINGTON | State: DC | Zip Code: 20003
FEC ID number of contributing federal political committee: C C00679860
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 07 / 30 / 2025
Transaction ID : SA11C.13447
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE
Mailing Address 430 NORTH MICHIGAN AVENUE
City: CHICAGO | State: IL | Zip Code: 60611
FEC ID number of contributing federal political committee: C C00030718
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11C.13449
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
REYNOLDS AMERICAN INC. POLITICAL ACTION COMMITTEE; RAI PAC
Mailing Address P. O. BOX 718
City: WINSTON SALEM | State: NC | Zip Code: 27102
FEC ID number of contributing federal political committee: C C00042002
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2500.00

Date of Receipt: 08 / 06 / 2025
Transaction ID : SA11C.13448
Amount of Each Receipt this Period: 2500.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☒ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
SEIU COPE (SERVICE EMPLOYEES INTERNATIONAL UNION COMMITTEE ON POLITICAL EDUCATION)
Mailing Address 1800 MASSACHUSETTS AVE., NW
City: WASHINGTON | State: DC | Zip Code: 20036
FEC ID number of contributing federal political committee: C C00004036
Name of Employer | Occupation
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 2500.00
Date of Receipt: 09 / 11 / 2025
Transaction ID : SA11C.13504
Amount of Each Receipt this Period: 2500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
ACTBLUE
Mailing Address PO BOX 441146
City: SOMERVILLE | State: MA | Zip Code: 02144
FEC ID number of contributing federal political committee: C C00401224
Name of Employer | Occupation
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 51098.45
Date of Receipt: 09 / 11 / 2025
Transaction ID : SA11C.13504.0
Amount of Each Receipt this Period: 2500.00
☒ Memo Item

C.
Full Name (Last, First, Middle Initial)
TRANSPORT WORKERS UNION OF AMERICA POLITICAL CONTRIBUTIONS COMMITTEE
Mailing Address 1220 19TH ST. NW STE 600
City: WASHINGTON | State: DC | Zip Code: 20036
FEC ID number of contributing federal political committee: C C00008268
Name of Employer | Occupation
Receipt For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 1000.00
Date of Receipt: 07 / 16 / 2025
Transaction ID : SA11C.13446
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶ 19500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Amtrak
Mailing Address 1 Massachusetts Ave NW
City: Washington | State: DC | Zip Code: 20001
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼ 656.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2025
Transaction ID : SA14.13399
Amount of Each Receipt this Period: 528.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 528.00

TOTAL This Period (last page this line number only) ▶ 528.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Actblue Technical Services
Mailing Address PO Box 962017
City: Boston | State: MA | Zip Code: 02196
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 28 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 101.92
Transaction ID : SB17.13592
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Actblue Technical Services
Mailing Address PO Box 962017
City: Boston | State: MA | Zip Code: 02196
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 04 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 237.02
Transaction ID : SB17.13593
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Actblue Technical Services
Mailing Address PO Box 962017
City: Boston | State: MA | Zip Code: 02196
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 11 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 186.65
Transaction ID : SB17.13594
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 525.59

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Actblue Technical Services
Mailing Address PO Box 962017
City: Boston | State: MA | Zip Code: 02196
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 18 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 167.88
Transaction ID : SB17.13595
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Actblue Technical Services
Mailing Address PO Box 962017
City: Boston | State: MA | Zip Code: 02196
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 25 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 13.05
Transaction ID : SB17.13596
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Actblue Technical Services
Mailing Address PO Box 962017
City: Boston | State: MA | Zip Code: 02196
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 08 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 0.20
Transaction ID : SB17.13597
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 181.13

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Actblue Technical Services
Mailing Address PO Box 962017
City: Boston | State: MA | Zip Code: 02196
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 15 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 98.75
Transaction ID : SB17.13598
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Actblue Technical Services
Mailing Address PO Box 962017
City: Boston | State: MA | Zip Code: 02196
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 22 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 0.08
Transaction ID : SB17.13599
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Actblue Technical Services
Mailing Address PO Box 962017
City: Boston | State: MA | Zip Code: 02196
Purpose of Disbursement: Credit Card Processing Fee
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 29 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 279.56
Transaction ID : SB17.13600
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 378.39

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Actblue Technical Services
Mailing Address PO Box 962017
City: Boston | State: MA | Zip Code: 02196
Purpose of Disbursement: Credit Card Processing Feec
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 30 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 37.45
Transaction ID : SB17.13601
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Air Canada
Mailing Address 1133 Avenue of the Americas
City: New York | State: NY | Zip Code: 10036
Purpose of Disbursement: Travel Expense
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 29 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 731.51
Transaction ID : SB17.13662
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Air Canada
Mailing Address 1133 Avenue of the Americas
City: New York | State: NY | Zip Code: 10036
Purpose of Disbursement: Travel Expense
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 29 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 731.51
Transaction ID : SB17.13664
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.47

TOTAL This Period (last page this line number only) ▶

Image# 202510159791452287

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Amazon

Mailing Address 440 Terry Ave North

City: Seattle | State: WA | Zip Code: 98109

Purpose of Disbursement: Office Supplies

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 17 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 27.34

Transaction ID : SB17.13639

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Amazon

Mailing Address 440 Terry Ave North

City: Seattle | State: WA | Zip Code: 98109

Purpose of Disbursement: Office Supplies

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 17 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 132.47

Transaction ID : SB17.13640

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Amtrak

Mailing Address 1 Massachusetts Ave NW

City: Washington | State: DC | Zip Code: 20001

Purpose of Disbursement: Travel Expense

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 18 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 528.00

Transaction ID : SB17.13652

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 687.81

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Angerholzer Broz Consulting
Mailing Address 1 M Street SE
Suite 275
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: Fundraising and Compliance Consulting Fee
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 14 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 10000.00
Transaction ID : SB17.13626
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Angerholzer Broz Consulting
Mailing Address 1 M Street SE
Suite 275
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: Fundraising and Compliance Consulting Fee
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 17 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 5873.03
Transaction ID : SB17.13629
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Angerholzer Broz Consulting
Mailing Address 1 M Street SE
Suite 275
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: Fundraising and Compliance Consulting Fee
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 17 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 4126.97
Transaction ID : SB17.13630
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 20000.00

TOTAL This Period (last page this line number only) ▶

Image# 202510159791452289

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Broward County AFL-CIO

Mailing Address 1700 NW 66th Ave #100

City: Plantation | State: FL | Zip Code: 33313

Purpose of Disbursement: Event Tickets

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 15 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 2059.08

Transaction ID : SB17.13613

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Cafe Fiorello

Mailing Address 1001 Pennsylvania Ave NW

City: Washington | State: DC | Zip Code: 20004

Purpose of Disbursement: Event Catering

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 15 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 934.70

Transaction ID : SB17.13611

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Congressional Black Caucus Foundation

Mailing Address 1225 I St NW

City: Washington | State: DC | Zip Code: 20005

Purpose of Disbursement: Event Tickets

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 19 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 400.00

Transaction ID : SB17.13615

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3393.78

TOTAL This Period (last page this line number only) ▶

Image# 202510159791452290

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Congressional Black Caucus Foundation

Mailing Address 1225 I St NW

City: Washington | State: DC | Zip Code: 20005

Purpose of Disbursement: Event Tickets

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 19 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1200.00

Transaction ID : SB17.13617

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Creative Network Media LLC

Mailing Address 1409 NW 6th St
Suite 400

City: Ft Lauderdale | State: FL | Zip Code: 33311

Purpose of Disbursement: Social Media Consulting

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 20 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1050.00

Transaction ID : SB17.13647

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 416 Florida Ave NW #26418

City: Washington | State: DC | Zip Code: 20001

Purpose of Disbursement: Credit Card Processing Fee

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 09 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 0.10

Transaction ID : SB17.13585

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2250.10

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 416 Florida Ave NW #26418

City: Washington | State: DC | Zip Code: 20001

Purpose of Disbursement: Credit Card Processing Fee

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 21 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 13.00

Transaction ID : SB17.13602

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Democracy Engine LLC

Mailing Address 416 Florida Ave NW #26418

City: Washington | State: DC | Zip Code: 20001

Purpose of Disbursement: Credit Card Processing Fee

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 05 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 12.75

Transaction ID : SB17.13603

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Harbor View Hotel

Mailing Address 131 N Water St

City: Edgartown | State: MA | Zip Code: 02539

Purpose of Disbursement: Travel Expense

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 22 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 6500.26

Transaction ID : SB17.13653

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6526.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Harbor View Hotel
Mailing Address 131 N Water St
City: Edgartown | State: MA | Zip Code: 02539
Purpose of Disbursement: Travel Expense
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 08 / 19 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 629.32
Transaction ID : SB17.13658
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
JETBLUE
Mailing Address 2701 Queen Plaza North
City: Queens | State: NY | Zip Code: 11101
Purpose of Disbursement: Travel Expense
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 08 / 15 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 968.57
Transaction ID : SB17.13656
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
JETBLUE
Mailing Address 2701 Queen Plaza North
City: Queens | State: NY | Zip Code: 11101
Purpose of Disbursement: Travel Expense
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
State: District:
Date of Disbursement: 08 / 15 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 968.57
Transaction ID : SB17.13657
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2566.46

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Jules, Mahogany, , ,

Mailing Address 273 W New England
Unit 11

City: Winter Park | State: FL | Zip Code: 32789

Purpose of Disbursement: Internship Stipend

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 13 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 575.00

Transaction ID : SB17.13631

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
L'Union Suite

Mailing Address 300 SE 2nd St
Suite 600

City: Ft Lauderdale | State: FL | Zip Code: 33301

Purpose of Disbursement: Advertisement

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 26 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1300.00

Transaction ID : SB17.13577

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Mailchimp

Mailing Address 675 Ponce De Leon Ave NE
Ste 5000

City: Atlanta | State: GA | Zip Code: 30308

Purpose of Disbursement: Email Service

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 07 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.13608

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1975.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Mailchimp

Mailing Address 675 Ponce De Leon Ave NE
Ste 5000

City: Atlanta | State: GA | Zip Code: 30308

Purpose of Disbursement: Email Service

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 04 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.13609

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Mailchimp

Mailing Address 675 Ponce De Leon Ave NE
Ste 5000

City: Atlanta | State: GA | Zip Code: 30308

Purpose of Disbursement: Email Service

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 04 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.13610

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Mauricio Pereia de Barros

Mailing Address 20801 NW 2nd St

City: Pembroke Pines | State: FL | Zip Code: 33029

Purpose of Disbursement: Travel Expense

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 29 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 640.00

Transaction ID : SB17.13655

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 840.00

TOTAL This Period (last page this line number only) ▶

Image# 202510159791452295

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
National Democratic Club

Mailing Address 30 Ivy St SE

City: Washington | State: DC | Zip Code: 20003

Purpose of Disbursement: Food and Meals

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 17 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 129.88

Transaction ID : SB17.13623

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
NGP Van

Mailing Address 655 15th Street NW Suite 650

City: Washington | State: DC | Zip Code: 20005

Purpose of Disbursement: Campaign Software

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 03 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 650.00

Transaction ID : SB17.13583

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
NGP Van

Mailing Address 655 15th Street NW Suite 650

City: Washington | State: DC | Zip Code: 20005

Purpose of Disbursement: Campaign Software

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 04 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 650.00

Transaction ID : SB17.13584

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1429.88

TOTAL This Period (last page this line number only) ▶

Image# 202510159791452296

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Sir Stor-A-Lot Self Storage

Mailing Address 1973 S State Rd 7

City: West Park | State: FL | Zip Code: 33023

Purpose of Disbursement: Storage Unit

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 17 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 459.57

Transaction ID : SB17.13649

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Sir Stor-A-Lot Self Storage

Mailing Address 1973 S State Rd 7

City: West Park | State: FL | Zip Code: 33023

Purpose of Disbursement: Storage Unit

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 26 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 479.57

Transaction ID : SB17.13650

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
The Westin DC Downtown

Mailing Address 999 9th St NW

City: Washington | State: DC | Zip Code: 20001

Purpose of Disbursement: Travel Expense

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 29 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1147.07

Transaction ID : SB17.13659

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2086.21

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
The Westin DC Downtown
Mailing Address 999 9th St NW
City: Washington | State: DC | Zip Code: 20001
Purpose of Disbursement: Travel Expense
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 29 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 289.26
Transaction ID : SB17.13661
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
The Westin DC Downtown
Mailing Address 999 9th St NW
City: Washington | State: DC | Zip Code: 20001
Purpose of Disbursement: Travel Expense
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 29 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 867.31
Transaction ID : SB17.13665
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Truist
Mailing Address 3401 N Pine Island
City: Sunrise | State: FL | Zip Code: 33351
Purpose of Disbursement: Bank Fee
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 21 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 32.00
Transaction ID : SB17.13580
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1188.57

TOTAL This Period (last page this line number only) ▶

Image# 202510159791452298

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Truist

Mailing Address 3401 N Pine Island

City: Sunrise | State: FL | Zip Code: 33351

Purpose of Disbursement:

Candidate Name:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 21 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 12.00

Transaction ID : SB17.13581

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Truist

Mailing Address 3401 N Pine Island

City: Sunrise | State: FL | Zip Code: 33351

Purpose of Disbursement:

Candidate Name:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 22 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 44.00

Transaction ID : SB17.13582

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Turo

Mailing Address 111 Sutter St
Floor 12

City: San Francisco | State: CA | Zip Code: 94104

Purpose of Disbursement: Travel Expense

Candidate Name:

Category/ Type:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 07 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 436.17

Transaction ID : SB17.13651

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 492.17

TOTAL This Period (last page this line number only) ▶

Image# 202510159791452299

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
PAGE 50 OF 168

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Vona B. Productions

Mailing Address

City: Washington | State: DC | Zip Code: 20001

Purpose of Disbursement: Videography

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 26 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 2499.00

Transaction ID : SB17.13666

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Walmart

Mailing Address 702 SW 8th St

City: Bentonville | State: AR | Zip Code: 72716

Purpose of Disbursement: Office Supplies

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 03 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 24.88

Transaction ID : SB17.13634

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Walmart

Mailing Address 702 SW 8th St

City: Bentonville | State: AR | Zip Code: 72716

Purpose of Disbursement: Office Supplies

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 17 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 85.09

Transaction ID : SB17.13641

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2608.97

TOTAL This Period (last page this line number only) ▶

Image# 202510159791452300

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial)
Wix

Mailing Address 500 Tery A Francois Blvd Fl 6

City: San Francisco | State: CA | Zip Code: 94158

Purpose of Disbursement: Website

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 08 / 15 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 36.00

Transaction ID : SB17.13669

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Wix

Mailing Address 500 Tery A Francois Blvd Fl 6

City: San Francisco | State: CA | Zip Code: 94158

Purpose of Disbursement: Website

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 15 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 36.00

Transaction ID : SB17.13670

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Wong, Ashley, , ,

Mailing Address 75 N Woodward Ave

City: Tallahassee | State: FL | Zip Code: 32304

Purpose of Disbursement: Internship Stipend

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 09 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 575.00

Transaction ID : SB17.13678

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 647.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Zeffy
Mailing Address 2915 Ogletown Rd
City: Newark | State: DE | Zip Code: 19713
Purpose of Disbursement: Event Tickets
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 29 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 500.00
Transaction ID : SB17.13618
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For:
☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For:
☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶ 49777.54

Image# 202510159791452302

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,
Mailing Address 18612 SW 41ST STREET
City: MIRAMAR | State: FL | Zip Code: 33029
Purpose of Disbursement: Repayment of Member's Campaign Loan
Candidate Name
Category/ Type
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 20
Disbursement For: 2022 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 31 / 2025
FEC Identification Number: C H8FL20032
Amount of Each Disbursement this Period: 2900.00
Transaction ID : SB19A.13672
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
CHERFILUS-MCCORMICK, SHEILA, , ,
Mailing Address 18612 SW 41ST STREET
City: MIRAMAR | State: FL | Zip Code: 33029
Purpose of Disbursement: Repayment of Member's Campaign Loan
Candidate Name
Category/ Type
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 20
Disbursement For: 2022 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 07 / 31 / 2025
FEC Identification Number: C H8FL20032
Amount of Each Disbursement this Period: 2900.00
Transaction ID : SB19A.13673
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5800.00

TOTAL This Period (last page this line number only) ▶ 5800.00

Image# 202510159791452303

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☒ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Nebu, Chacko, , ,
Mailing Address 7025 Oleander Ave
City: Port St Lucie | State: FL | Zip Code: 34952
Purpose of Disbursement: Refund
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 12 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 500.00
Transaction ID : SB20A.13671
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For:
☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For:
☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶ 500.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A.
Full Name (Last, First, Middle Initial)
Broward Democratic Senior Caucus of Florida
Mailing Address PO Box 452255
City: Sunrise | State: FL | Zip Code: 33345
Purpose of Disbursement: Donation
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 15 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 300.00
Transaction ID : SB21.13606
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Florida Democratic Party
Mailing Address 201 South Monroe Street, Suite 300
City: Tallahassee | State: FL | Zip Code: 32301
Purpose of Disbursement: Political Contribution
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 01 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 550.00
Transaction ID : SB21.13682
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Plantation Democratic Club
Mailing Address 5701 Cypress Rd
City: Plantation | State: FL | Zip Code: 33317
Purpose of Disbursement: Donation
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 19 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 600.00
Transaction ID : SB21.13607
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1450.00

TOTAL This Period (last page this line number only) ▶ 1450.00

Image# 202510159791452305

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.6489

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼
Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7.00	0.00	7.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/01/2021	01/13/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 7.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452306

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.6490

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
[ ] Primary
[ ] General
[X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	78400.00	21600.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/01/2021	01/13/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	21600.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452307

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.6491

LOAN SOURCE Full Name (Last, First, Middle Initial) ☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼ Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	2019568.50	– 1819568.50

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/14/2021	01/13/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ – 1819568.50

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452308

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.6492

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000000.00	0.00	2000000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/24/2021	01/13/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2000000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452309

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7308

LOAN SOURCE Full Name (Last, First, Middle Initial) ☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼ Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
07 / 08 / 2021	12/31/2025	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	5000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452310

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7309

LOAN SOURCE Full Name (Last, First, Middle Initial) ☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼ Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS Date Incurred (MM/DD/YYYY): 07/12/2021 | Date Due (MM/DD/YYYY): 12/31/2025 | Interest Rate (If none, enter 0): 0.00 % (apr) | Secured: ☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 25000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452311

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7310

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/14/2021	12/31/2025	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	25000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452312

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7311

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼ Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/21/2021	12/31/2025	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	150000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452313

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7312

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
45000.00	0.00	45000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/29/2021	12/31/2025	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	45000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452314

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7313

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼ Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	0.00	60000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/02/2021	12/31/2025	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 60000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452315

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7314

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22368.38	0.00	22368.38

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/05/2021	12/31/2025	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	22368.38
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452316

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7315

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/09/2021	12/31/2025	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	50000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452317

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7316

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼ Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/17/2021	12/31/2025	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 10000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452318

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7317

LOAN SOURCE Full Name (Last, First, Middle Initial) ☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼ Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/18/2021	12/31/2025	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 20000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452319

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7318

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/19/2021	12/31/25	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	40000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452320

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7319

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼ Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
52700.00	0.00	52700.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/23/2021	12/31/25	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	52700.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452321

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7320

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/25/2021	12/31/25	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	20000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452322

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7321

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼ Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
23000.00	0.00	23000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/31/2021	12/31/25	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	23000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452323

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7322

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/01/2021	12/31/25	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	50000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452324

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7323

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/03/2021	12/31/25	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	75000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452325

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7324

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼
Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/03/2021	12/31/25	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 20000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452326

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7325

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
[ ] Primary
[ ] General
[X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/15/2021	12/31/25	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 100000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452327

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7326

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼ Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/21/2021	12/31/25	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	30000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452328

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7327

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/22/2021	12/31/25	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 30000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452329

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7328

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼
Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
126101.63	0.00	126101.63

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/23/2021	12/31/25	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 126101.63

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452330

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7329

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼
Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/24/2021	12/31/25	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 30000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452331

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7330

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼
Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
94587.93	0.00	94587.93

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/27/2021	12/30/25	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 94587.93

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452332

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9995

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/27/2021	12/30/2025	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	40000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452333

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7331

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	0.00	60000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/01/2021	12/31/25	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	60000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7332

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/04/2021	12/31/25	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	50000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7333

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
[ ] Primary
[ ] General
[X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
18000.00	0.00	18000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/05/2021	12/31/25	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 18000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7334

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/07/2021	12/31/25	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	20000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452337

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.7335

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
[ ] Primary
[ ] General
[X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
152000.00	0.00	152000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/08/2021	12/31/25	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 152000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452338

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9990

LOAN SOURCE Full Name (Last, First, Middle Initial)

[ ] Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
[ ] Primary
[ ] General
[X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
341000.00	0.00	341000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/23/2021	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 341000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.10669

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8893.56	0.00	8893.56

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/26/2021	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	8893.56
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452340

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.10670

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼
Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7200.00	0.00	7200.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/27/2021	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 7200.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452341

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.10671

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼
Special-Primary

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2700.00	0.00	2700.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/27/2021	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2700.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8179

LOAN SOURCE Full Name (Last, First, Middle Initial)

[ ] Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
[ ] Primary
[ ] General
[X] Other (specify) ▼ Special-Primary

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/28/2021	12/31/2024	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 50000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452343

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8180

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-General

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
290000.00	0.00	290000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/04/2021	12/31/2024	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	290000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452344

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8181

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼ Special-General

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
105000.00	0.00	105000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/02/2021	12/31/2024	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	105000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8182

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-General

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/13/2021	12/31/2024	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	40000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452346

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.10000

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [ ] Primary
- [ ] General
- [X] Other (specify) ▼ Special-General

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
26000.00	0.00	26000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/22/2021	12/31/2024	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	26000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452347

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8184

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☐ Primary
☐ General
☒ Other (specify) ▼ Special-General

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
70000.00	2900.00	67100.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/09/2022	12/31/2024	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	67100.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452348

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8185

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	2900.00	7100.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/18/2022	12/31/2024	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	7100.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452349

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8186

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/19/2022	12/31/2024	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	20000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452350

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8187

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/20/2022	12/31/2024	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452351

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8873

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/01/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	25000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452352

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8874

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/09/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	30000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452353

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8875

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/14/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	10000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452354

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8876

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/15/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452355

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8877

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
35000.00	0.00	35000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/17/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 35000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452356

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8878

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS Date Incurred (MM/DD/YYYY): 03/01/2022 — Date Due (MM/DD/YYYY): 12/31/2023 — Interest Rate (If none, enter 0): 0.00 % (apr) — Secured: ☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	5000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452357

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8879

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
37000.00	0.00	37000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/03/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 37000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8880

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	0.00	20000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/18/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	20000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452359

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.8881

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/25/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 5000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452360

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9443

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5500.00	0.00	5500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/01/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 5500.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452361

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9444

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
[X] Primary
[ ] General
[ ] Other (specify)

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400.00	0.00	400.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/01/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	400.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9446

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9170.00	0.00	9170.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/12/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 9170.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452363

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9447

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/25/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	10000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452364

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9448

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/11/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	10000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452365

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9449

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/13/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	1000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452366

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9450

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/13/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 1000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452367

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9451

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
21836.00	0.00	21836.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/19/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	21836.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452368

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9452

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2765.00	0.00	2765.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/26/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 2765.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452369

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9453

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/31/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	5000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452370

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9454

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/31/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	10000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452371

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9455

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/03/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	5000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452372

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9456

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/07/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	6000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452373

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9457

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11444.00	0.00	11444.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/10/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	11444.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9458

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6000.00	0.00	6000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/13/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	6000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9459

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8500.00	0.00	8500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/14/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	8500.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9461

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
06 / 17 / 2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	4000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452377

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9462

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS Date Incurred (M M / D D / Y Y Y Y): 06 / 21 / 2022 — Date Due (M M / D D / Y Y Y Y): 12/31/2023 — Interest Rate (If none, enter 0): 0.00 % (apr) — Secured: ☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 5000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9463

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/21/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	25000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452379

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9464

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
17000.00	0.00	17000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/24/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	17000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452380

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9465

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/27/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 10000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452381

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9466

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12000.00	0.00	12000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/28/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 12000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452382

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9467

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15500.00	0.00	15500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/28/2022	12/31/2022	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	15500.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452383

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9469

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
62000.00	0.00	62000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/29/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 62000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452384

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9470

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12000.00	0.00	12000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/30/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	12000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452385

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9797

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12120.00	0.00	12120.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/01/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	12120.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452386

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9798

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15700.00	0.00	15700.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/05/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	15700.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452387

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9799

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
36000.00	0.00	36000.00

TERMS Date Incurred (M M / D D / Y Y Y Y): 07 / 06 / 2022 — Date Due (M M / D D / Y Y Y Y): 12/31/2023 — Interest Rate (If none, enter 0): 0.00 % (apr) — Secured: ☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 36000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452388

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9800

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/12/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452389

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9801

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/12/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	150000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452390

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9802

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
52000.00	0.00	52000.00

TERMS Date Incurred (M M / D D / Y Y Y Y): 07 / 15 / 2022 — Date Due (M M / D D / Y Y Y Y): 12/31/2023 — Interest Rate (If none, enter 0): 0.00 % (apr) — Secured: ☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 52000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452391

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9803

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/15/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 10000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9804

LOAN SOURCE Full Name (Last, First, Middle Initial)

[ ] Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
[X] Primary
[ ] General
[ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/27/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 4000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9805

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/28/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	5000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452394

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9806

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	0.00	60000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
07/29/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	60000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452395

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9808

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
08 / 03 / 2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	75000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452396

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9822

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
41000.00	0.00	41000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/15/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 41000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452397

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9825

LOAN SOURCE Full Name (Last, First, Middle Initial)

[ ] Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
[X] Primary
[ ] General
[ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19000.00	0.00	19000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
08 / 16 / 2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 19000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452398

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9829

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
33000.00	0.00	33000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/17/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	33000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452399

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9906

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	0.00	15000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/18/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 15000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452400

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) ☒ 13a ☐ 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.9928

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2022
☒ Primary
☐ General
☐ Other (specify) ▼

☒ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/22/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 5000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452401

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.10507

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
60000.00	50000.00	10000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/23/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	10000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.10508

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
15000.00	2900.00	12100.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/25/2022	12/31/2023	0.00 % (apr)	☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	12100.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.10510

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2022
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/01/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	5000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Image# 202510159791452404

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.10511

LOAN SOURCE Full Name (Last, First, Middle Initial)

[ ] Memo Item

CHERFILUS-MCCORMICK, SHEILA, , ,

Mailing Address
18612 SW 41ST STREET

City: MIRAMAR | State: FL | ZIP Code: 33029

Election: 2022
[ ] Primary
[X] General
[ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
09/02/2022	12/31/2023	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 5000.00

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.12586

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2024
- [ ] Primary
- [X] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[ ] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS Date Incurred (M M / D D / Y Y Y Y): 09 / 06 / 2024 — Date Due (M M / D D / Y Y Y Y): — Interest Rate (If none, enter 0): — % (apr) — Secured: [ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	5000.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.12927

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[ ] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700.00	0.00	700.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/31/2025		% (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	700.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.12928

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

☐ Memo Item

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

☐ Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200.00	0.00	200.00

TERMS Date Incurred (M M / D D / Y Y Y Y): 02 / 12 / 2025 — Date Due (M M / D D / Y Y Y Y): — Interest Rate (If none, enter 0): % (apr) — Secured: ☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	200.00
TOTALS This Period (last page in this line only) ▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

Transaction ID : SC/10.12929

LOAN SOURCE Full Name (Last, First, Middle Initial)

CHERFILUS-MCCORMICK, SHEILA, , ,

[ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
18612 SW 41ST STREET

City	State	ZIP Code
MIRAMAR	FL	33029

[ ] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
354.00	0.00	354.00

TERMS Date Incurred (M M / D D / Y Y Y Y): 02 / 14 / 2025 — Date Due (M M / D D / Y Y Y Y): / / — Interest Rate (If none, enter 0): % (apr) — Secured: [ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	354.00
TOTALS This Period (last page in this line only) ▶	3656079.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Angerholzer Broz Consulting

Mailing Address 1 M Street SE
Suite 275

City: Washington | State: DC | Zip Code: 20003

Nature of Debt (Purpose): Fundraising and Compliance Consulting Fee

Transaction ID : SD10.12925

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
15873.03	0.00	15873.03	0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Angerholzer Broz Consulting

Mailing Address 1 M Street SE
Suite 275

City: Washington | State: DC | Zip Code: 20003

Nature of Debt (Purpose): Fundraising and Compliance Consulting Fee

Transaction ID : SD10.13042

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
20481.13	0.00	4126.97	16354.16

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Angerholzer Broz Consulting

Mailing Address 1 M Street SE
Suite 275

City: Washington | State: DC | Zip Code: 20003

Nature of Debt (Purpose): Fundraising and Compliance Consulting Fee

Transaction ID : SD10.13339

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
18949.80	0.00	0.00	18949.80

1) **SUBTOTALS** This Period This Page (optional) ▶	35303.96
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Angerholzer Broz Consulting

Mailing Address 1 M Street SE
Suite 275

City: Washington | State: DC | Zip Code: 20003

Nature of Debt (Purpose): Fundraising and Compliance Consulting Fee

Transaction ID : SD10.13681

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	19845.19	0.00	19845.19

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Transaction ID : SD10.12591

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
33149.50	0.00	0.00	33149.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Transaction ID : SD10.12592

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
130338.00	0.00	0.00	130338.00

1) **SUBTOTALS** This Period This Page (optional) ▶	183332.69
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Outstanding Balance Beginning This Period: 13,109.75

Transaction ID : SD10.12593

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 13,109.75

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Outstanding Balance Beginning This Period: 66,297.00

Transaction ID : SD10.12595

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 66,297.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Outstanding Balance Beginning This Period: 50,205.25

Transaction ID : SD10.12608

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 50,205.25

1) **SUBTOTALS** This Period This Page (optional) ▶	129,612.00
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Outstanding Balance Beginning This Period: 49814.07

Transaction ID : SD10.12596

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 49814.07

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Outstanding Balance Beginning This Period: 22575.15

Transaction ID : SD10.12598

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 22575.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Outstanding Balance Beginning This Period: 43620.30

Transaction ID : SD10.12600

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 43620.30

1) **SUBTOTALS** This Period This Page (optional) ▶	116009.52
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Transaction ID : SD10.12601

Outstanding Balance Beginning This Period: 718.25

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 718.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Transaction ID : SD10.12603

Outstanding Balance Beginning This Period: 2029.80

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 2029.80

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Transaction ID : SD10.12604

Outstanding Balance Beginning This Period: 26328.75

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 26328.75

1) **SUBTOTALS** This Period This Page (optional) ▶	29076.80
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Outstanding Balance Beginning This Period: 16126.20

Transaction ID : SD10.12606

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 16126.20

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Outstanding Balance Beginning This Period: 9646.65

Transaction ID : SD10.12607

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 9646.65

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Outstanding Balance Beginning This Period: 7337.20

Transaction ID : SD10.12914

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 7337.20

1) **SUBTOTALS** This Period This Page (optional) ▶	33110.05
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Transaction ID : SD10.12916

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3823.30	0.00	0.00	3823.30

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Transaction ID : SD10.12917

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
4475.50	0.00	0.00	4475.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Transaction ID : SD10.12918

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3867.50	0.00	0.00	3867.50

1) **SUBTOTALS** This Period This Page (optional) ▶	12166.30
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Transaction ID : SD10.13045

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
53006.00	0.00	0.00	53006.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Elias Law Group LLP

Mailing Address 250 Massachusetts Ave NW
Suite 400

City: Washington | State: DC | Zip Code: 20001

Nature of Debt (Purpose): Legal Fees

Transaction ID : SD10.13046

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
13054.05	0.00	0.00	13054.05

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Figgers Technologies

Mailing Address 3810 Inverray Blvd
Suite 401

City: Fort Lauderdale | State: FL | Zip Code: 33319

Nature of Debt (Purpose): Multimedia Messaging Services

Transaction ID : SD10.12272

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
4500.00	0.00	0.00	4500.00

1) **SUBTOTALS** This Period This Page (optional) ▶	70560.05
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) ☐ 9 ☒ 10

NAME OF COMMITTEE (In Full)

SHEILA CHERFILUS MCCORMICK FOR CONGRESS, INC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Kaiser PLLC

Mailing Address 1099 14th St NW
8th Floor W

City: Washington | State: DC | Zip Code: 20005

Nature of Debt (Purpose): Legal Fees

Transaction ID : SD10.13043

Outstanding Balance Beginning This Period: 56177.09

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 56177.09

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶	56177.09
2) **TOTALS** This Period (last page this line number only) ▶	665348.46
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	3656079.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	4321427.46